

State of Washington DEPARTMENT OF FINANCIAL INSTITUTIONS Division of Consumer Services

P.O. Box 41200 • Olympia, Washington 98504-1200 Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258

CONSUMER LOAN AMENDMENT APPLICATION

Use this form for company name or address changes.

INSTRUCTIONS:

- 1. Contact your insurance company to obtain a rider to your bond changing the address/name or to add trade name(s). Forward the original signed and sealed rider to this office.
- 2. Contact the Washington State Department of Licensing, Master Business License service at 360/902-3600, to change the address/name or add/remove a trade name. (DFI will verify with DOL that the above changes have been made.)
- 3. Contact the Washington Secretary of State at 360/753-7115 to <u>change the name of a corporation, partnership, or LLC only.</u> (DFI will verify with the Secretary of State that the name change has been made.)
- 4. Surrender previous original consumer loan license(s). If changing the main licensed location's address/name please surrender all original branch licenses as well as the main original license.
- 5. Submit a separate copy of Page 2 for each licensed location effected by this change.
- 6. DFI may request additional documentation after review of your file.
- 7. Pursuant to WAC 208-620-050(2) all records must be kept in a location that is readily accessible to the department for the purpose of periodic review and examination. If the records are to be moved out of state, complete the "Consumer Loan Company Request For Approval To Maintain Records At An Out Of State Location" form. (This form is available from DFI's website www.dfi.wa.gov, or via fax upon request at (360/902-8756).
- 8. Make check in the appropriate amount (\$106.71 per license being changed for example, a company name change including a main office and 3 branches would be \$426.84) payable to the "Washington State Treasurer." Mail all documentation to the above address.

COMPANY NAME:		
LICENSE NUMBER:	520-	
CONTACT PERSON:		
PHONE NUMBER:	()	

WASHINGTON CONSUMER LOAN AMENDMENT APPLICATION

PLEASE CHECK ALL APPL	ICABLE BOXES:	EFFECTIVE DATE OF CHANGE:_		
Main office address cha		Branch office address change	\$106.71	
Main office name change Add trade name(s) or di		☐ Branch office name change ☐ Remove trade name(s) or dba	\$106.71 \$106.71	
	nership change, reprint lost			
PREVIOUS INFORMATION:				
COMPANY NAME		TRADE NAME or DBA		
PHYSICAL ADDRESS		CITY, COUNTY, STATE, ZIP		
MAILING ADDRESS		CITY, COUNTY, STATE, ZIP		
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADD	PRESS	
BUSINESS STRUCTURE	☐ CORPORATION ☐ OTHER	☐ PROPRIETORSHIP ☐ PAR	<u>—</u>	
	NEW I	NFORMATION:		
COMPANY NAME		TRADE NAME or DBA		
PHYSICAL ADDRESS		CITY, COUNTY, STATE, ZIP		
MAILING ADDRESS		CITY, COUNTY, STATE, ZIP		
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADD	RESS	
BUSINESS STRUCTURE	☐ CORPORATION	☐ PROPRIETORSHIP ☐ PAR	TNERSHIP LLC	
	OTHER			
AUT	HORIZATION FOR V	ERIFICATION FORM - COMPAN	Y	
TO WHOM IT MAY CONCI	ERN:			
Financial Institutions of the Spurpose of verifying informa	State of Washington, any tion provided in conjunc	ereby authorize and request you to p and all information and documentatio tion with an application for a consum with chapter 31.04 Revised Code of Wa	on that they request for the ner loan license, or for the	
BY: Signature of Aut	thorized Official	Date		
Printed name of	Authorized Official			